


Department of Environmental Quality Office of Environmental Services Waste Permits Division P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-3181	<h1 style="margin: 0;">LOUISIANA</h1> <h2 style="margin: 0;">Emergency Debris Site (EDS)</h2> <h3 style="margin: 0;">Request Form</h3>	
Your request cannot be approved unless all of the requested information on this form is supplied and accurate . Email form to degdebrisrequest@la.gov or fax to 225-325-8236 . Email questions to degdebrisrequest@la.gov or call 225-364-7901 .		

TYPE OR PRINT

A. <u>Applicant Name</u> (Governmental Agencies only)
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B. <u>Government Type</u> <input type="checkbox"/> Parish <input type="checkbox"/> Municipality <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other, specify _____	C. <u>Agency Interest (AI) Number</u>
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D. <u>Responsible Official</u> (Government Official who will be responsible for site)			Title
Mailing Address	City	Zip	
Phone Number:	Email Address:		

E. <u>Debris Site Contact</u> (will receive all mail correspondence, must be government employee)			Title
Mailing Address	City	Zip	
Phone Number:	Email Address:		

F. <u>Physical Location</u> (identify by street number, by intersection of roads, or by mileage and direction from an intersection.) Is a site map attached (REQUIRED)? YES <input type="checkbox"/> Request will NOT be processed without one. Scale should be ~1 in. = 1000 ft.		
Address:	City/Zip Code:	Parish:
<i>Note: The city name must be for the closest city in the same parish as the requested site. If the site does not have a 911 address, detailed directions must be provided from the nearest town/city and indicate specific street, road, highway, interstate, and/or location names. Indicate any landmarks and/or mile markers, if necessary. Request will NOT be processed without this information.</i>		

G. <u>Site entrance GPS</u> (required) provide in decimal degrees LAT:	LONG:
<u>GPS of where activities will occur on property</u> (required) LAT:	LONG:

H. <u>Hours of Operation</u> Hours _____ AM to _____ PM	Days <input type="checkbox"/> M-F or <input type="checkbox"/> 7 DAYS/WK or <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Burning will only be allowed between the hours of 8 AM and 5 PM.
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I. <u>Requested Activities</u> (check all potential activities)			
Staging/ Segregation:	<input type="checkbox"/> C&D debris <input type="checkbox"/> metals <input type="checkbox"/> white goods <input type="checkbox"/> woodwaste <input type="checkbox"/> tires <input type="checkbox"/> electronic waste <input type="checkbox"/> vegetative debris	Composting: <input type="checkbox"/> vegetative debris Chipping & Grinding: <input type="checkbox"/> vegetative debris	Preparation: <input type="checkbox"/> white goods Burning: <input type="checkbox"/> vegetative debris (open) <input type="checkbox"/> vegetative debris (air curtain destructor)
*** THIS PORTION OF SECTION I CAN ONLY BE COMPLETED AFTER AN EMERGENCY HAS BEEN DECLARED. ***			
<input type="checkbox"/> Other Requested Activities (Include debris types and associated activities)			
*Note: Pre-approvals are limited to the debris types and activities listed above. <u>Other debris types and activities will NOT be approved until after an emergency has been declared.</u> This includes, but is not limited to, staging and/or disposal of household hazardous waste, orphan drums, vessels, vehicles, or animal carcasses. If more activities are needed after an emergency has been declared, a new request must be filled out and submitted for approval. Contact the LDEQ prior to submitting "Other" requests.			

J. Site Type	YES	NO
Is the site being requested for use as a pre-approved emergency debris site (to be requested <i>before</i> an emergency, can be reused multiple times)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the site being requested as a temporary emergency debris site (to be requested <i>after</i> an emergency for a single time use)? If yes, list the emergency name or FEMA #. _____	<input type="checkbox"/>	<input type="checkbox"/>

K. General Site Questions (The request form cannot be processed without answers to questions 1 – 5.)	YES	NO
1. Was this site approved for use in a prior disaster? If yes, which disaster and when did the disaster occur? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the requested site activity (ies) a modification of previously approved activities?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the site <u>and</u> surrounding area conditions changed (e.g., added development) since the last prior use? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. (If requesting burning) Is the site being requested by a municipality? Is the site being requested by a parish for a location in another parish? <ul style="list-style-type: none"> • If the answer to <i>either</i> is <i>yes</i>, is the site within the applicant's jurisdictional limits? • If the site is outside the jurisdictional limits, a parish burn approval <u>must</u> be submitted. The parish burn approval should be for the full time burning is expected (e.g., disaster, pre-approval) and should specifically state the site location requested before a request for burning will be approved by the LDEQ. <input type="checkbox"/> A copy of the parish burn approval is attached.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Does the site have an approval from the State Historic Preservation Office? <ul style="list-style-type: none"> • If yes, attach a copy of the approval. • If no, fill out a new request on page 4. 	<input type="checkbox"/>	<input type="checkbox"/>

L. Siting Criteria (All questions must be answered and explained, as necessary.)	YES	NO
1. Are there nearby residences and/or businesses that will be inconvenienced or adversely affected by use of the site? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any site safety issues? (e.g., power lines, pipelines) If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are any erosion and/or rainwater runoff control measures needed? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Is additional containment necessary for any wastes that have a potential for leaking? (e.g., white goods leaking Freon) If yes, explain. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are the roadways and entrance to the site suitable for trucks hauling debris? If no, explain. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the site fully accessible to fire personnel and equipment? If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the size of the site sufficient for its intended use? If no, explain. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the general terrain of the site suitable for the proposed activities? If no, explain. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is the proposed site located outside of the 100-year floodplain and wetlands? (The floodplain map used shall be an original Flood Insurance Rate Map prepared by FEMA, the Flood Prone Area Map prepared by the US Geological Survey or a National Wetlands Inventory map that depicts the limits and elevations of any 100-year floodplain or wetland on or adjacent to the proposed site.) If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. For chipping & grinding, is the proposed site more than 300 feet to residences, businesses, schools, hospitals, clinics, and roads? If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
11. For burning, is the proposed site more than 1,000 feet to residences, businesses, schools, hospitals, clinics, and roads? If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the proposed site more than 100 feet to property boundaries and on-site structures? If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the proposed site more than 250 feet to potable water wells? If no, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the proposed site more than 100 feet to nearby surface waters? If no, provide the name of the nearest surface water, if it is named. _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the proposed site more than 10,000 feet to the nearest airport? If no, provide the name of the airport. _____	<input type="checkbox"/>	<input type="checkbox"/>

M. <u>Site Operator</u>	Company Name: 	Site Contact Person:
	Telephone Number: 	Email Address:

N. <u>Site Owner</u>	Name: 	Address:
	Telephone Number: 	Email Address:

O. Certification of Responsible Official

I certify that I have personally examined and that I am familiar with the information submitted in this request. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

I certify that the site as described in this request meets the applicable requirements and will comply with the following: 1) the Comprehensive Plan for Disaster Clean-up and Debris Management; 2) the effective Declarations of Emergency and Administrative Order; and 3) the subsequent Authorization for the Emergency Debris Site.

I understand that I am responsible for notifying First Responders (911 Center, Fire & Rescue, Law Enforcement, and EMS) of the site entrance location and activities at this site.

SIGNATURE (Responsible Official)

PRINT

DATE

LSHPO Site Request Form

If this is a **new request** or there is **no approval** from the State Historic Preservation Office (SHPO) for the request site, fill out the form below and return it to LDEQ with the EDS form. LDEQ will submit the form to SHPO. Once approved SHPO, will return the approved form to the applicant.

Requirements for Debris Activities Involving Ground Disturbance

Requesting Registration as a (check all that apply):

☐ Staging Site ☐ Chipping & Grinding Site ☐ Composting Site ☐ Burn Site ☐ Disposal Site

If the creation or use of this **emergency** staging, chipping & grinding, composting, burning, and/or disposal site will include ground disturbance, including the creation of temporary access roads, burying of debris or burn residual, or will impact structures over 45 years old, the applicant must coordinate with, and receive comments from, the Louisiana Office of Cultural Development, State Historic Preservation Office (SHPO), prior to the start of any ground disturbance. **Individual certifications are required for each burning, burial, disposal, and/or staging or stockpiling site. Attach a map, in addition to this form, preferably a copy of a USGS 7.5 minute series quadrangle map with the project site location clearly identified.**

Applicant	Name: 		Address: 		
	City: 		Zip: 		
	Parish: 				
Location of Emergency Site (complete one row)	Telephone Number: 		Fax Number: 		
	Email Address: 				
	Township: 		Range: 		
	Section: 		Quarter-section(s): 		
Site Owner	Latitude (decimal degree): 		Longitude (decimal degree): 		
	UTM Northing: 		UTM Easting: 		
	Name: 		Address: 		
Telephone Number: 		Email Address: 			

Is a **NEW** road needed to access the requested site? ☐ Yes ☐ No If yes, show road on map and provide the following information:
 Road length and width: | | | | | **and** Latitude: | | | | | **and** Longitude: | | | | | **or** UTM Northing: | | | | | **and** Easting: | | | | |

Discovery Clause: In the event that archaeological deposits (soils, features, artifacts, other remnants of human activity) are uncovered in urban or rural areas, or if archaeological deposits are found in tree root balls during removal, the project shall be halted and the applicant shall stop all work immediately in the vicinity of the discovery and take reasonable measures to avoid or minimize harm to the finds. The applicant will inform the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) immediately at 225-925-7500 and SHPO at 225-342-8170, and will secure all archaeological findings and restrict access to the area. GOHSEP and SHPO will be responsible for notifying the appropriate Native American Tribes if the site is determined to be Native American. Work may not resume until the Applicant is notified by the Division of Archaeology.

In the event that human remains or an unmarked burial site are encountered, under the terms of the Louisiana Unmarked Human Burial Sites Preservation Act (R.S. Statute 8:671), the applicant will immediately stop all work, secure all artifacts and remains, restrict access to the area, and notify GOHSEP, SHPO, and local law enforcement. GOHSEP and SHPO will consult with the appropriate Native American Tribes if the remains are determined to be Native American. No artifacts or human remains will be removed from the site until all parties have consulted to determine the proper course of action. Work may not resume until the Applicant is notified by the Division of Archaeology.

I certify that (Applicant) _____ is an authorized representative for the site and will comply with all the above conditions.

Signature _____ Print _____ Date _____	Contact Information: Louisiana Office of Cultural Development State Historic Preservation Office ATTN: Rachel Watson P.O. Box 44247 Baton Rouge, Louisiana 70804-4242 Telephone: (225) 342-8170 Fax: (225) 342-4480 email: section106@crt.la.gov
Louisiana State Historic Preservation Office Use ONLY I certify that the above referenced site: <input type="checkbox"/> Is not located on any known archeological site or historical property. <input type="checkbox"/> Is located on an archeological site and an alternate area needs to be considered.	
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> SHPO Official Date </div>	